

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO. | DATE     |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION         | VINA TRONK | 32     | 05-02-01 |
| O.I.P.E. CLASSIFIER       | F.L.       | 1079   | 5/21/01  |
| FORMALITY REVIEW          |            |        | 08/30/01 |
| RESPONSE FORMALITY REVIEW |            |        |          |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date  |
|----------------|-------|
| Final Original |       |
| 1              | 03/07 |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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